back of this Ce

HEALTH DEPART... OF BALTIMORE.

A 5179 **Office of Registrar of Vital Statistics.** Ward

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said d, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1899

Full name of Deceased, (Write legibly with ink and spell correctly. If an infant not named give names of parents.) Rebecca Appleby

Sex, ~~Male or~~ Female, (Cross out the words not required in this line.)

Age, 38 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ (Cross out the words not required in this line.)

Occupation, Housewife

Birthplace, (State or County, and how long in the United States, if of foreign birth.) England

Duration of Residence in the ~~City~~ Co. of Baltimore, 19 years

Place of Death, (Give Street and Number.) Swan ave / Balto Co

Cause of Death, First (Primary) Dis of Heart

Second (Immediate) Exhaustion

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, June 27 1899

Undertaker, Mrs Jos. B. Cook

Place of Business, 1003 W Balto St

Jno G. Hollyday M. D.,
Medical Attendant.

Address 714 Fredk ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

ANEURISM—Mode of Death.

CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

[illegible]ICER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

[illegible]TIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Dea

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full Ayam Boing

Certificate of Death

Died at Town County MARYLAND

Date 189 9 Month June Day Age Y. 105 M. D. Native of Maryland Occupation Housekeeping

~~Male~~ ~~White~~ Married Widow Divorced

Female Colored ~~Single~~ Widower Number of children living 6.

Husband of Andrew Berry

Wife

Father's Name

Mother's Name

Cause of Death Primary 161 How long sick 5 months

Immediate

Accident, Suicide, Homicide

Reported by B. J. Hip undertaker

Address Towson

OVER OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6686

Seen by Coroner B. J. Hip
of Tonsen Maryland

Attended by Dr. Piper
of Tonsen Maryland

Information contained in this certificate received from Sarah Fletcher
of Tonsen Maryland

Name in Full | Certificate of Death

Bauer

Died at Town: Highlandtown County: Baltimore MARYLAND

Date 1899 Month: June Day: 13 Age Y. M. D. Native of Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband / Wife of John Bauer

Father's Name John Bauer Mother's Name Freda Rohbeder

Cause of Primary Still How long sick

~~Death~~ Immediate dead born Accident, Suicide, Homicide

Reported by Mrs Betz midwife

Address 315 Lombard st

Must be signed by physician, if any in attendance, otherwis[illegible] coroner, undertaker or minister.

LIBRARY BUREAU: 65968

ial Attention of Physicians is Respectfully Invited to the Remarks ...o List ... Diseases on...

HEALTH DEPARTMENT, CITY OF BALTIMORE.

...rmit No. A 5152 **Office of Registrar of Vital Statistics.** Ward.....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1899

Full name of Deceased, (Write legibly with ink and spell correctly. If an infant not named give names of parents.) Elizabeth Bauernschut

~~*Sex, Male*~~ *or Female,* (Cross out the words not required in this line.)

Age, ... *Years,* 22 *Months,* ..... *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ (Cross out the words not required in this line.)

Occupation, none

Birthplace, (State or County, and how long in the United States, if of foreign birth.) Balto. City ✓

Duration of Residence in the City of Baltimore, One year

Place of Death, (Give Street and Number.) 914 Bouldin St. Balto County. Md.

(I) *Cause of Death,* First (Primary) .....
Second (Immediate) Pneumonia

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, June 17th 99 E. Jones Williams M. D.,
Medical Attendant.

Undertaker, Germanus Frame

Place of Business, Pantz & Wolfe St. Address 1114 Chesapeake St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

...is Requested in Relation ... and ...
...merated Below.

...URISM—Mode of Death.

CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

[Form No. 1234.]

The Special Attention of Physicians is Respectfully Invited to the Rema... ...eases on back of this Certificate.

Health Department, City of Baltimore,

Permit No. A 5104 Office of Registrar of Vital Statistics. Ward.....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1899

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Robt. J. Bogue

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 56 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Physician.

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life - 24 yrs at Mt Hope Retreat

Place of Death, {Give Street and Number.} Mount Hope Retreat.

Cause of Death, First (Primary), Mania Chronic.

Second (Immediate), Suddenly from Heart Failure (Exhaustion)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, June 5, 1899

Undertaker, H. Faby & Son

Place of Business, 606 Lafayette Ave *Address,* Mt Hope Retreat

Frank J. Flannery M.D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

...e Following ... ...relation to the Causes of Death ... Below.

ANEURISM—Mode of Death.

CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full No 5137 Certificate of Death

Isabel Bowers

Died at Town Harrisonville County Balto MARYLAND

Date 189 7 Month 6 Day 7 Age Y. 65 M. 8 D. 13 Native of Balto Occupation farmer

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 6

~~Husband~~ Wife of Geo N. Bower

Father's Name Stephen Peck Mother's Name Eliz Peck

Cause of Death Primary Epilepsy 47 How long sick 1 hr.

Immediate Heart failure Accident, Suicide, Homicide

Reported by J. E. Balto Mtg.

Address Harrisonville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65966

The Special Attention of Physicians is Respectfully Invited to the Remarks below and to List of Diseases on back of this Certificate.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

Permit No. A 5122 **Office of Registrar of Vital Statistics.** Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 4th 1899

Full name of Deceased, (Write legibly with ink and spell correctly. If an infant not named give names of parents.) Joseph Brady

Sex, Male ~~or Female,~~ (Cross out the words not required in this line.)

Age, 40 *Years,* *Months,* *Days.*

Color, white

~~Married,~~ Single, ? *~~Widow or Widower,~~* (Cross out the words not required in this line.) ?

Occupation, ?

Birthplace, (State or County, and how long in the United States, if of foreign birth.) Don't Know

Duration of Residence in the City of Baltimore, Don't Know

Place of Death, (Give Street and Number.) Rock Creek

Cause of Death, First (Primary) Drowned
Second (Immediate)

Duration of Last Sickness, Sudden

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents

Date of Burial, June 7 1899

Undertaker, Edward A Byrne

Place of Business, 228 or 141 Jn

W. S. Riley M. D.,
Medical Attendant.
Coroner

Address 1639 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

The following A... ... Relation to the Causes of Death Enumerated Below.

ANEURISM—Mode of Death.

CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full Wm. C. Brashers

Certificate of Death

Died at Town Sparrow's Point County Balto MARYLAND

Date 189 9 Month 6 Day 13 | Age Y. 36 M. D. | Native of | Occupation Joiner

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary Drowning

Immediate

148

How long sick

Accident, Suicide, Homicide

Reported by S. J. Woodward

Address Sparrow's Point

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79098

Name In Full — Certificate of Death

Eva B. Brown

Died at Town: Spanish Point — County: Balto — MARYLAND

Date 189 9 — Month: June — Day: 23 — Age Y. 9 M. D. — Native of: Pa — Occupation: —

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name: Jos. Brown — Mother's Name:

Cause of Death — Primary: Diphtheria 8 a — How long sick: 5 days

Immediate: Diphtheria — ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: Frank C Eldred M.D.

Address: Spanish Point Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attention of Physicians is h...

HEALTH DEPARTMENT, C...

...mit No. A 5117 **Office of Registrar of Vital Statistics.** ...ward.....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1899.

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Minnie Brown

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, Unknown *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unknown

Occupation, Unknown

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give Street and Number.} Bay View Asylum (Insane Department

Cause of Death, First (Primary) Pulmonary Tuberculosis ✓

Second (Immediate) Exhaustion ✓

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial John Hopkins Hosp for anatomical purposes

Date of Burial June 4 1899

R. E. Garrett *M. D.,*

Medical Attendant.

Undertaker, E. M. Stevenson

Place of Business Health office *Address* Bay View Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

ANEURISM—Variety and Seat.

CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full

Richard Alexander Brown

Certificate of Death

Died at Town: Catonsville County: Baltimore MARYLAND

Date 189 9 Month: June Day: 9 | Age Y. 58 M. 11 D. 5 | Native of: Md | Occupation: Laborer

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ | Number of children living 10

Husband of Wife: Sarah Brown

Father's Name: Jarret Brown | Mother's Name: Leilah Brown

Cause of Death: Primary: Pulmonary Tuberculosis | How long sick: 8 years

Immediate: Hemorrhage 22a | ~~Accident, Suicide, Homicide~~

Reported by: Dr. C L Mattfeldt

Address: Catonsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full

Certificate of Death

Mary E. Butcher

Died at 519 Roland Avenue Baltimore MARYLAND

Town County

Date 1899 June 2 (Month Day) Age 49-6 (Y. M. ~~D.~~) Native of Md. Occupation Housekeeper

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 6

~~Husband~~ of ~~Wife~~ wife Robert D. Butcher

Father's Name Jacob M. Gosnell

Mother's Name Mary E. Gosnell

Cause of Death: Primary Phthisis Pulmonalis — How long sick 5 years

Immediate Hemorrhage — ~~Accident, Suicide, Homicide~~

Reported by Horace Burgee

Address 3605 Falls Road-Balto Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78[illegible]

Attended by Dr. Harry C. Algire

of 516 - 5th St. Balto Md.

Seen by Coroner ——

of ——

Information contained in this certificate received

from Doctor and Relatives of deceased

of

Name In Full Mrs. Minnie Christian

Certificate of Death

Town

County Balto.

Died at

MARYLAND

Date 189 9 Month 6 Day 5

Age Y. M. D.

Native of

Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living 1

~~Husband~~ Wife of Washington R. Christian

Father's Name John C. Holtzman

Mother's Name

Cause of Death

Primary

Immediate

161

How long sick

Accident, Suicide, Homicide

Reported by Md. Journal 6-10

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Dea[illegible] 1234.]

No. A

[illegible]n of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Cert[illegible]

[illegible]eath. [illegible] Department, City of Baltimore,

Permit No. A 5111 Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 5 - 99

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Victoria Ode Clarke

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Mt. Hope Retreat

Cause of Death, First (Primary), Secondary Decrepitus

Second (Immediate), Tuberculosis

Duration of Last Sickness, ~~Life~~ Six Months

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park

Date of Burial, June 6/99

Undertaker, Nicholas Fink

Place of Business, 1846 W. Pratt St

Charles G. Hill M.D.,
Medical Attendant.

Address, Mt. Hope Rent

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

Following Additional ... Causes of ...

Enumerated ...

ANEURISM—Mode of Death.

CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name In Full

Certificate of Death

Eva Ellen Irene Clements

Died at Town Oella County Balto. MARYLAND

Date 1899 Month June Day 26 Age Y. M. D. 3 weeks. Native of Md ~~Occupation~~

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband of~~

~~Wife~~

Father's Name Walter Clements

Mother's Name Mary ~~Hobson~~ Sweets

Cause of Death: Primary

Immediate

How long sick 9 days

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Stephen Hillsinger

Address Undertaker Ellicott. Cty.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Attended by Dr. T B Owings

of Ellicott City Md.

Seen by Coroner

of

Information contained in this certificate received from Mary E. Clements

of

Name in Full Samuel Collings — Certificate of Death

Died at Town: Lutherville, County: Baltimore, MARYLAND

Date 1899 Month: June, Day: 19 | Age Y. 73 M. 5 D. 8 | Native of Maryland | Occupation Livestock Dealer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living Six

Husband / Wife of Eliza Collings

Father's Name Jno Collings | Mother's Name Matilda Rayston

Cause of Death — Primary: Apoplexy 42 | How long sick 3 years last attack 4 weeks

Immediate: Paralyses | ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by T. Chalmers Peebles M.D.

Address Lutherville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79706

Name in Full

Certificate of Death

James Cas'by

Died at Town Lutherville County Balt MARYLAND

Date 1899 Month 6 Day 20 Age Y — M. 2 D. — Native of Va Occupation —

Male ~~Female~~ ~~White~~ Colored ~~Married~~ ~~Single~~ ~~Widow~~ Widower Divorced ~~Number of children living~~

Husband of Wife —

Father's Name J. B. Cansby Mother's Name Emma Casby

Cause of Death Primary Cholera Infantum How long sick Weeks

Immediate Inanition 82 Accident, Suicide, Homicide

Reported by H B Stevenson

Address Riders - Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Davis

Died at Town North Branch County Balto. MARYLAND

Date 1899 Month 6 Day 14 | Age Y. M. D. infant | Native of | Occupation

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single Widow ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name C. H. Davis

Mother's Name

Cause of Death { Primary 161 Immediate

How long sick

Accident, Suicide, Homicide

Reported by Independent 6-14

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

N

No. A

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore,

Permit No. A 5184 Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1896

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Thomas Deegan

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 16 *Years,* — *Months,* — *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Baltimore -

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Mount Hope

Cause of Death, First (Primary), Dementia - ~~Post Ept~~

Second (Immediate), Tuberculosis -

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Sacred Heart Cem

Date of Burial, June 29. 96

Undertaker, Hendrix Sons Frank J. Flannery M.D., Medical Attendant.

Place of Business, 1710 Canton Av. *Address,* Mt Hope Retreat

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

Following Additional Infor[illegible]

Enumerate [illegible]

ANEURISM—Mode of Death.

CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name In Full | Certificate of Death

Elizabeth L. Deem

Died at Town: Patapsco Neck County: Balto MARYLAND

Date 1899 Month: June Day: 24 | Age Y. M. D.: 36-3-16 | Native of: Md | Occupation: Housewife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ Wife of Wm Deem 22 f

Father's Name: Frederick Boutner | Mother's Name: Mary Rauh

Cause of Death — Primary: Milliary Tuberculosis | How long sick: 35 days

Immediate: Milliary Tuberculosis | ~~Accident~~, Suicide, ~~Homicide~~

Reported by: Frank C Eldred M D

Address: Spanish Point - Balto Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

HE... ...ORE.

Permit No. A 5115 Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness is responsible for the presentation of th[illegible] *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* afte[illegible] said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death June 3 99

Full Name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Martha Deshields

Sex, ~~*Male*~~ *or Female,* {Cross out the words not required in this line.}

Age, 80 *Years,* *Months* *Days.*

Color, Colored

~~*Married, Sing*~~*le, Widow or* ~~*Widower*~~*,* {Cross out the words not required in this line.}

Occupation, Domestic

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 60 Years

Place of Death, {Give Street and Number.} Bay View Asylum

Cause of Death, First, (Primary) Phthisis Pulmonalis

Second, (Immediate) Pulmonary Hemorrhage

Duration of Last Sickness, Indefinite

All the above information should be furnished by the Physician

Place of ~~*Burial*~~ John Hopkins Hos for Anatomical purposes

Date of ~~*Burial*~~, June 5-1899 J. W. Holland M. D.,

Medical Attendant.

Undertaker, E. M. Stevenson.

Place of Business, Health office

Address Bay View Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death. (OVER)

J. W. Bond Co., Printers and Stationers, Balto.

RISM—Mode

NAL MENINGITIS—Variety, whether Epi-
c or simply Inflammatory.

TH—Circumstances producing Death.

—Variety and Seat.

—Mode of Death.

TION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Casue.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

...and to List of Diseases on back.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

Permit No. A 5190 **Office of Registrar of Vital Statistics.** Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1899

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Helen Dorsey

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, — *Years,* 9 *Months,* 8 *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 9 m

Place of Death, {Give Street and Number.} Mt Hebron Sanitarium Balto Co Md

Cause of Death, First (Primary) Malnutrition

Second (Immediate) Gastro Enteritis

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, June 29. 1899

Wm. H. Dabney. *M. D.,*
Medical Attendant.

Undertaker, Henry Hoeck

Place of Business, 1013 N. Central Ave Address Mt Hebron Baltimore Co. (The Johns Hopkins Hospital)

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

Enumerated Below.

ANEURISM—Mode of Death.

CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

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INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

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OVARIAN TUMOR—Mode of Death.

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PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

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TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full — Certificate of Death

Patrick Downey

Died at Town: Catonsville County: Baltimore MARYLAND

Date 1897 Month: June Day: 30 | Age Y. 82 M. D. | Native of Ireland | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower ~~Divorced~~ | Number of ~~children~~ living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary Cerebral Sclerosis — How long sick 2 months

Immediate Senile Decay — Accident, Suicide, Homicide

Reported by Edward McDougall

Address Catonsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968

Name In Full Clarence S. Dobson

Certificate of Death

Died at Town Mt. Washington County Balto. MARYLAND

Date 1899 Month 5 Day 13 Age Y. ~~M.~~ 8 D. Native of Occupation

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Mother's Name

Cause of Death: Primary Constipation 82 — How long sick 3 weeks

Immediate Enteritis — Accident, Suicide, Homicide

Reported by Morris Shanks M.D.

Address Mt. Washington, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full Mrs. Barbara Dressel

Certificate of Death

Died at Town Gardenville County Baltimore MARYLAND

Date 189 9 Month 6 Day 18 Age Y. 38 M. D.

Native of

Occupation

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ Number of children living

~~Husband~~ Wife of Geo Dressel

Father's Name

Mother's Name 57

Cause of Death Primary Heart disease

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Balto Co. Dem.

Address June 24th

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79999

Dr. Lingard C. Whitfort
Parkville

Name in Full Susan Ebbert

Certificate of Death

Died at Town Fullerton County Baltimore MARYLAND

Date 189 9 June 15 (Month Day) Aga Y. 4 M. 40 D. Native of American Occupation Housekeeper

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of Wife Chas A Ebbert

Father's Name Rich Wilson Mother's Name Mary Wilson

Cause of Death: Primary Cancer 25 b How long sick 1 year

Immediate Stomach Accident, Suicide, Homicide

Reported by Geo F Corse M D

Address Gardenville Balto Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or ministar.

LIBRARY BUREAU, 79888

HEALTH DE[illegible]

Permit No. A 5119 Office of Registrar [illegible] Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death June 4 99

Full Name of Deceased, (Write legibly with ink and spell correctly. If an infant not named give names of parents.) James Epeson

Sex, Male or ~~Female,~~ (Cross out the words not required in this line.)

Age, 30 *Years,* *Months* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, (Cross out the words not required in this line.)

Occupation, Laborer

Birthplace, (State or County, and how long in the United States, if of foreign birth.) Va.

Duration of Residence in the City of Baltimore, 13 years

Place of Death, (Give Street and Number.) Bay View Hospital

Cause of Death, First, (Primary) Phthisis Pulmonalis

Second, (Immediate) Asthenia

Duration of Last Sickness, Indefinite

All the above information should be furnished by the Physician

Place of Burial John Hopkins Hos for Anatomical purposes

Date of Burial, June 6 1899 J. W. Holland M. D.,

Medical Attendant.

E. M. Stevenson

Undertaker,

Place of Business, Health office *Address* Bay View Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death. (OVER)

J. W. Bond Co., Printers and Stationers, Balto.

SPINAL MEN... ...p-
demic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Casue.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

...y and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full — Certificate of Death

Mrs. Susan Evans

Died at Franklinville (Town) Balto. (County) MARYLAND

Date 189 9 — Month 6 — Day 9 | Age Y. 85 M. 6 D. | Native of | Occupation

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / ~~Single~~ / Widow / Widower — ~~Divorced~~ — Number of children living 1

~~Husband~~ / Wife of James Evans

Father's Name

Mother's Name

Cause of Death — Primary: 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Bel Air Times

Address 6-24

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70898

Name in Full Caroline Fairbanks — Certificate of Death

Died at Town Catonsville County Balto MARYLAND

Date 189 9 Month June Day 11 | Age Y. 57 M. D. | Native of Md | Occupation Housework

~~Male~~ Female | White Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 2

Husband of X

Wife

Father's Name X

Mother's Name X

Cause of Death — Primary: Dementia 46 — How long sick 3 Mos.

Immediate: Exhaustion — Accident, Suicide, Homicide

Reported by Lucy Wade

Address Md Hospital Catonsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full # 6792 Mrs. Teresa Fangmeyer

Certificate of Death

Mrs. Fangmeyer

Died at Town Owings Mills County Baltimore MARYLAND

Date 189 9 Month 6 Day 29 | Age Y. 65 M. D. | Native of Md | Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 9

Husband of Wife

Father's Name

Mother's Name

Copy

Cause of Death { Primary Fell down steps | How long sick

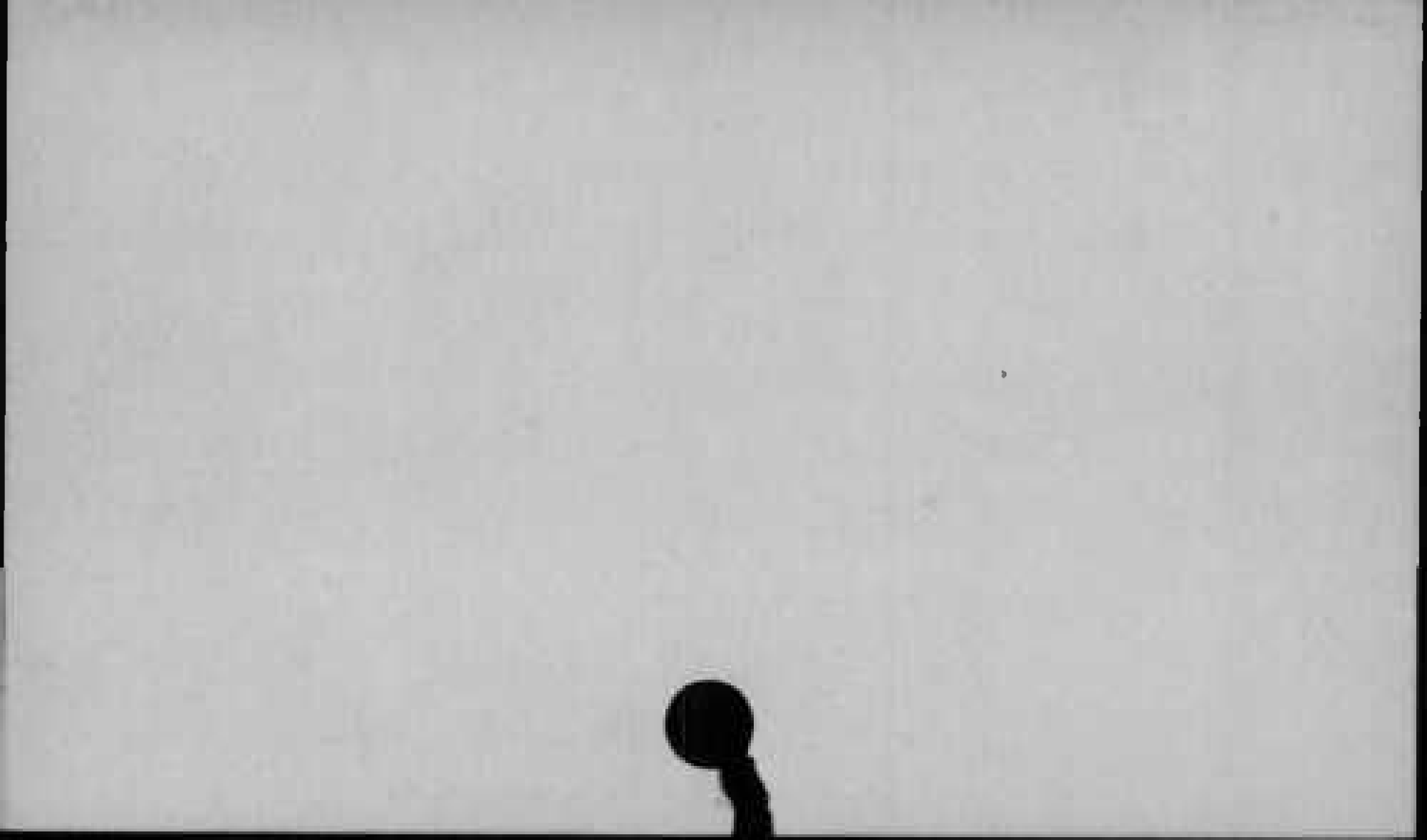
Immediate | Accident, Suicide, Homicide

Reported by W. H. H. Campbell, M.D.

Address Owings Mills

Must be signed by physician, if any in attendance, otherwis[illegible] coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Mary Finnegan

Died at Town: Patuxtes Neck County: Balto Co. MARYLAND

Date 189 6 Month: June. Day: 4 Age Y. 55 M. - D. - Native of Ireland Occupation Housewife

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Divorced Number of children living 4

Husband / Wife of Lawrence Finnegan

Father's Name Harry McGinty Mother's Name Rose Larkin

Cause of Death: Primary Pneumonia 72 How long sick 5 days

Immediate Exhaustion ~~Accident, Suicide, Homicide~~

Reported by Frank C Eldred M D.

Address Spanis Point. Balto Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79706

Name in Full Gertrude M. Fleagle

Certificate of Death

Died at Town Sixtonsville County Baltimore MARYLAND

Date 1897 Month 6 Day 3 | Age Y. 4 M. 10 D. 11 | Native of Mt Wrens | Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary Pertussis | How long sick 4 weeks

Immediate Congestion & collapse | Accident, Suicide, Homicide

Reported by S. Frank H. Ruhl

Address Lansdowne

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70888

Name in Full Certificate of Death

Fashes

Died at Town Washington Road County Baltimore MARYLAND

Date 1899 Month 6 Day 12 Age Y. 25 M. D. Native of Va Occupation Laborer

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 2

Husband / Wife of Almira Forbes

Father's Name — Mother's Name —

Cause of Death: Primary Consumption 22a How long sick 6 mo

Immediate Pulmonary Haemorrhage Accident, Suicide, Homicide

Reported by T B Hall

Address Mt Winans

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65088

Name in Full

Certificate of Death

Sarah E Gunnaran

Died at Town Catonsville County Baltimore MARYLAND

Date 1894 Month June Day 5 | Age Y. 63 M. D. | Native of Maryland | Occupation Housewife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living One

~~Husband~~ or Wife George W Gunnaran

Father's Name

Mother's Name 5-7

Cause of Death: Primary Fatty degeneration of heart | How long sick 4 months

Immediate Dyspnoea, death sudden | ~~Accident, Suicide, Homicide~~

Reported by Chas. J. McNeill M D

Address Catonsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Irving Johnson Gorsuch

Certificate of Death

Died at Town Verona County Baltimore MARYLAND

Date 1899 Month 6. Day 23 Age Y. 31. M. 11. D. 21. Native of Balto. Co. Occupation Farmer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife 22a

Father's Name Dickinson Gorsuch Mother's Name Susan H. Gorsuch

Cause of Death Primary Pulmonary Hemorrhage How long sick 1 month

Immediate Acute Tuberculosis ~~Accident, Suicide, Homicide~~

Reported by F. G. Mitchell M.D.

Address Verona. Balto. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79706

Name In Full: Grace C. Gray

Certificate of Death

Died at: Town: Md. Hospital for Insane County: Balto. MARYLAND

Date 1899 Month 6 Day 6 | Age Y. 73 M. D. | Native of Md. | Occupation None

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | Divorced Number of children living

Husband of Wife

Father's Name | Mother's Name 97

Cause of Death: Primary Chronic Interstitial Nephritis | How long sick 1 month

Immediate Exhaustion | Accident, Suicide, Homicide

Reported by D. J. Percy Wade

Address Catonsville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name in Full | Certificate of Death

Mrs Mary Susan Griffith

Died at Town Cockeysville County Balto — MARYLAND

Date 1899 Month June Day 20 | Age Y. 74 M. 4 D. 14 | Native of Mont Co Md | Occupation None

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~ none

~~Husband~~ Wife of Nickolis R Griffith deceased

Father's Name Josiah Jones | Mother's Name Annie Jones

Cause of Death: Primary Diabetes | How long sick 2 years

Immediate Erysipelas - slight - afterwards ~~Accident, Suicide, Homicide~~

Reported by Dr B. R. Benson

Address Cockeysville Balto. Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name In Full Frederica Alvina Haberkorn

Certificate of Death

Died at Town Lansdowne County Balto. MARYLAND

Date 189 4 Month 6 Day 29 Age Y. 1 M. 2 D. Native of Occupation

~~Male~~ Female White ~~Colored~~ Married ~~Widow~~ Single Widower ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name

Mother's Name 82

Cause of Death: Primary Tetanus Infantum — How long sick 2 weeks

Immediate Infantile Convulsions — Accident, Suicide, Homicide

Reported by L. Frank H. Ruhl

Address Lansdowne Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70645

Name in Full: William H. Hall

Certificate of Death

Died at: Town: Catonsville, County: Balto. MARYLAND

Date 1897 Month: [illegible] Day: 2nd | Age Y. 56 M. 3 D. — | Native of: Carroll Co. Md. | Occupation: Sanitary Agent

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 12

Husband / Wife of: Mrs Elizabeth Hall

Father's Name: Mr — Hall

Mother's Name: Isminna Hall

Cause of Death:
- Primary: Tuberculosis 22a
- Immediate: Congestion of Lungs

How long sick: 6 mos.

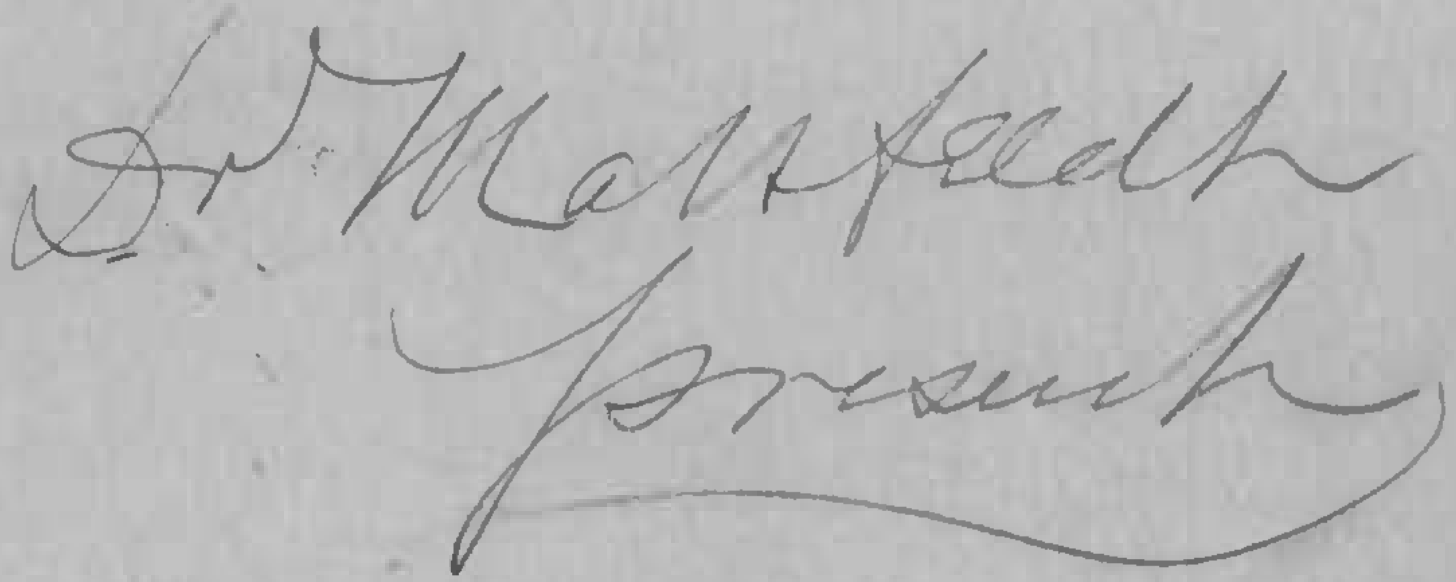
~~Accident, Suicide, Homicide~~

Reported by: N. R. Gorry M.D.

Address: Catonsville Balto. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Martha Harris

Died at Town Towson County Baltimore MARYLAND

Date 1899 Month June Day 27 Age Y. 2 M. – D. – Native of Maryland Occupation nursing child

~~Male~~ ~~White~~ ~~Married~~ Widow ~~Divorced~~

Female Colored Single ~~Widower~~ Number of children living 2

~~Husband~~ Wife of

Father's Name Dont Know Mother's Name Dont Know

Cause of Death Primary Marasmus 82 How long sick 3 months

Immediate ——— Accident, Suicide, Homicide

Reported by T. B. Saulsbury M.D.

Address Towson Baltimore Co Md

Benj Hicks undertaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

lal Attention of Physicians is Respectfully Invited

HEALTH DEPARTMENT, ... OF BALTIMORE.

Permit No. A 5212 Office of Registrar of Vital Statistics. Ward ...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death June 29 99

Full Name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Robert Harrison

Sex, Male or ~~Female~~, {Cross out the words not required in this line.} ...

Age, 26 *Years,* ... *Months* ... *Days.*

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} ...

Occupation, Waiter

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give Street and Number.} Bay View Hospital

(1) *Cause of Death,* First, (Primary) Phthisis - Pulmonalis

Second, (Immediate) Pulmonary Hemorrhage

Duration of Last Sickness, Indefinite

All the above information should be furnished by the Physician

Place of Burial, John's Hopkins Hosp for Anatomical Purposes

Date of Burial, July 1 - 1899 J. W. Holland *M. D.,*

Medical Attendant.

Undertaker, ...

Place of Business, Health Office *Address* Bay View Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death. (OVER)

J. W. Bond Co., Printers and Stationers, Balto.

...lation to the Causes of Death

...ow.

...-Mode of Death.

...NAL MENINGITIS—Variety, whether Epi-...demic or simply Inflammatory.

...HILDBIRTH—Circumstances producing Death.

...ER—Variety and Seat.

...OS—Mode of Death.

...ENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Casue.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name In Full Jane L. Heard

Certificate of Death

Town Towson County Balto

Died at Sheppard & Enoch Pratt Hospital MARYLAND

Date 1899 Month June Day 19 | Age Y. 68 M. 1 D. 8 | Netive of Cuba | Occupetion none

~~Male~~ Femele White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 3.

~~Husband~~ Wife of Augustine Heard

Father's Name

Mother's Name 46

Cause of Death: Primery Chronic Brain Disease | How long sick 10 Yrs

Immediate Exhaustion | Accident, Suicide, Homicide

Reported by E N Brush

Address Sheppard & Enoch Pratt Hosp Towson

Must be signed by physician, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79[illegible]

Name In Full Matthieus Heil

Certificate of Death 13th Dist

Died at Town St Denis County Baltimore MARYLAND

Date 1899 Month June Day 21 | Age Y. 66 M. D. | Native of Germany | Occupation —

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 3

Husband of Wife Kathrina Heil

Father's Name — Mother's Name —

Cause of Death: Primary Acute Mitral Regurgitation — How long sick 4 days

Immediate Rapid Dilatation - Heart failure — ~~Accident, Suicide, Homicide~~

Reported by Wm R. Earecksor

Address Elk Ridge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full

Certificate of Death

Jacob Hoshall

Died at Town: Shamburg County: Baltimore MARYLAND

Date 1899 Month: June Day: 9 | Age Y. 74 M. 3 D. | Native of Balts. Co. | Occupation Farming

Male / Female \ | White / Colored \ | Married / Single \ | Widow \ / Widower \ | Divorced \ | Number of children living 6

Husband / Wife of Phebe Hoshall

Father's Name Isiac Hoshall | Mother's Name Sarah Hoshall

Cause of Death: Primary Injury to Knee — How long sick 18 Months

Immediate Paralysis — Accident, Suicide, Homicide \

Reported by A. K. Mitchell M.D

Address Hereford Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79705

Name In Full Jacob Hoshall

Certificate of Death

Died at Town Shamburg County Balto. MARYLAND

Date 1899 Month June Day 9th Age Y. 75 M. D. Native of years Occupation Farmer

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living

Husband of Wife Phoeba Hoshall

Father's Name Isaac Hoshall Mother's Name

Cause of Death Primary and Immediate Paralysis and decay, one year 44. How long sick

~~Accident, Suicide, Homicide~~

Reported by J. B. Morris

Address Beckleysville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79908

106

HEALTH DEP... ...RE.

...mit No. A 5147 **Office of Registrar of Vital Statistics.** Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurat... filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 13th 1899 1.30 P.M.

Full name of Deceased, (Write legibly with ink and spell correctly. If an infant not named give names of parents.) Rebecca Cohen Jackson

Sex, ~~*Male or*~~ *Female,* (Cross out the words not required in this line.)

Age, 55 *Years,* 8 *Months,* — *Days.*

Color, white

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, (Cross out the words not required in this line.)

Occupation, None

Birthplace, (State or County, and how long in the United States, if of foreign birth.) Balto. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, (Give Street and Number.) 223 Orbison Av. Roland Park

Cause of Death, First (Primary) Phthisis Pulmonalis

Second (Immediate) Exhaustion

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, Cohen Private Cem W Saratoga St

Date of Burial, June 15th 99

Undertaker, H W Jenkins Hons

Place of Business, Park Saratoga

Claude Van Bibber M. D.,
Medical Attendant.

Address 9 East Read St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

RISM—

R. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full — Certificate of Death

Child not named Jensen

Died at — Town: Catonsville — County: Balto — MARYLAND

Date 189[illegible] — Month Day: 6 - 29 — Age: Y. — M. — D. — Native of — Occupation

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — ~~Number of children living~~

Husband / Wife of ——

Father's Name: John Jensen — Mother's Name: Lola Jensen

Cause of Death — Primary: Still born — How long sick

Immediate — Accident, Suicide, Homicide

Reported by: David M Stultz M.D.

Address: Catonsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full

Certificate of Death

Arthur Kennedy —

Died at Town Catonsville County Baltic. MARYLAND

Date 189 9 Month 6 Day — 15 Age Y. 54 M. — D. — Native of Md Occupation Labourer

Male ~~White~~ Married Widow ~~Divorced~~

~~Female~~ Colored ~~Single~~ Widower Number of children living 1

Husband ~~Wife~~ of Rahman Kennedy

Father's Name Arthur Kennedy Mother's Name Margaret Hill

Cause of Death Primary Dropsy — How long sick 3 mos

Immediate Bright's Disease Accident, ~~Suicide~~, Homicide

Reported by H R Gerry M D

Address Catonsville Md Aug 25

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

95

Name in Full

Certificate of Death

Katie Klingler

Died at Highlandtown (Town) Balto (County) MARYLAND

Date 189 9. Month 6 Day 13. | Age Y. 1 M. 20 D. | Native of Md | Occupation —

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of —

Wife

Father's Name Chas Klingler

Mother's Name Minna Klingler

Cause of Death: Primary Cholera Infantum 12 days

Immediate Exhaustion

How long sick 1 week

Accident, Suicide, Homicide

Reported by J. A. Schofield MD

Address 1114 1st Highlandtown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

...ses on back of this

HEA... OF BALTIMORE.

No. A 5178 **Office of Registrar of Vital Statistics.** Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately ...ed out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said ...ceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 25th 1899

Full name of Deceased, (Write legibly with ink and spell correctly. If an infant not named give names of parents.) Mrs. Mary Kutz

Sex, ~~*Male*~~ *or Female,* (Cross out the words not required in this line.)

Age, 3 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower*~~, (Cross out the words not required in this line.)

Occupation, house wife

Birthplace, (State or County, and how long in the United States, if of foreign birth.) Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, (Give Street and Number.) St. Agnes Hospital

(1)

Cause of Death, First (Primary) Pneumonia

Second (Immediate) Exhaustion

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, June 28/99

Undertaker, Geo J. Smith

Place of Business, 946 W. Fayette st

Henry C. O'Sell M. D.,
Medical Attendant.

Address 1203 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

NEURISM—Mode of Death.

CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name In Full Adam Leonard

Certificate of Death

Died at Town Highlandtown County Balt. MARYLAND

Date 189 9 Month 6 Day 24 Age Y. M. D. 8 Native of Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name 82

Cause of Death Primary Cholera Infantum How long sick 3 weeks

Immediate Accident, Suicide, Homicide

Reported by E. W. Janney M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name in Full Westley Sockett

Certificate of Death

Died at Town Catonsville County Balto MARYLAND

Date 1899 Month June Day 5 Age Y. 22 M. D. Native of Virginia Occupation Sailor

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ Number of children living x

Husband of Wife x

Father's Name x

Mother's Name Louisa Sockett

Cause of Death Primary Marcia 46

Immediate Pulmonary Tuberculosis

How long sick 3 mos.

Accident, Suicide, Homicide

Reported by J Percy Wade

Address Md Hospital Catonsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full Elisabeth Guty

Certificate of Death

Died at Town Chestnut Ridge County Balto MARYLAND

Date 1899 Month June Day 13 | Age Y. 45 M. D. | Native of Maryland | Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ Widower Number of children living Nine

~~Husband~~ Wife of Michel Guty

Father's Name Escott Mother's Name Rebecca Escott

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Attended by Dr. Campbell

of Quincy Mills

Balto Co Md

Information contained in this certificate

ceived from

of

Name in Full John McClelland

Certificate of Death

Died at Town Bengies County Balto MARYLAND

Date 1899 Month June Day 26 | Age Y. 58 M. 9 D. | Native of md | Occupation Blacksmith

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | ~~Widow~~ / Widower | ~~Divorced~~ | Number of children living 7

Husband / Wife of Susie McClelland

Father's Name Thomas McClelland | Mother's Name Julia Ann McClelland

Cause of Death: Primary Apoplexy 42 | How long sick 2 days

Immediate | ~~Accident, Suicide, Homicide~~

Reported by Thos. Harrison MD

Address Middle River Balto Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Patrick McGarity. 45 yrs.

Certificate of Death

Died at Town "Cruica" 1st Dist. County Baltimore MARYLAND

Date 189 9. Month June Day 18. Age Y. 50 M. 2 D. —

Native of Ireland Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 5

Husband of
Wife

Father's Name

Mother's Name 22a

Cause of Death: Primary Pleumonia Tuberculosis — How long sick 6 months

Immediate Asphyxia — ~~Accident, Suicide, Homicide~~

Reported by J C Mommonier

Address Dickeyville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]

Name In Full Joseph F. Matthai

Certificate of Death

Town Highlandtown County Baltimore MARYLAND

Died ~~at~~ near

Month Day Y. M. D. | Native of | Occupation

Date 189 6 - 17 Age 48

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ ~~Divorced~~

Number of children living 0

Husband of
Wife

Father's Name

Mother's Name

Cause of Death { Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Md. Journal

Address [redacted] 6-17

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7928

Name in Full Thomas J. Montgomery Certificate of Death

Died at Town Greenwood County (Baltimore) MARYLAND

Date 189 9 Month 6 Day 28 Age Y. 5 M. 9 D. | Native of | Occupation

Male / Female ~~Female~~ White / Colored ~~Colored~~ Married / Single Widow / Widower Divorced / Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death { Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by (Balt Co. Union) 7-1-99

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

...Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 5149 Office of Registrar of Vital Statistics. Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1899

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents,} August Mueller

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Salesman

Birth Place, {State or county, and how long in the United States if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 2nd Hospital for Insane of Md

Cause of Death, First (Primary) General Paresis

Second (Immediate), Apoplexy (Cerebral)

Duration of Last Sickness about two months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 16

Undertaker, John H. Cook

Place of Business, Bal Ed Station

Chas J. Carey M. D.
Medical Attendant.
2nd Hospital for Insane

Address, Sykesville Maryland

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Wm. J. C. Dulany & Co., City Printers and Stationers.

The Following [illegible]

Enumerated Below:

ANEURISM—Mode of Death.

CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death

DISEASE OF HEART—Variety. Valves involved.

DENTITION—Mode of Death.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO ENTERITIS—Cause. Whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Cause of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYÆMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal Age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature, Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

GEORGE H. ROHÉ,

Commissioner of Health and Registrar.

REMARKS.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

Cert. No. A 5110 **Office of Registrar of Vital Statistics.** Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 4" 99

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} John Murphy

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Watchman

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} Sparrow's Point

Cause of Death, First (Primary) Asthma

Second (Immediate) Heart Failure

Duration of Last Sickness, One (1) week

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, June 7th 1899

Undertaker, J. J. Cowan

Place of Business, 901 Hollins St

H. H. Woodward M. D.,
Medical Attendant.

Address Sparrow's Point Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

Enumerated Below.

ANEURISM—Mode of Death.

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CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of —Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full Mrs. Ellen Nelson

Certificate of Death

Died at Town Haverly County Balt. MARYLAND

Date 1899 Month 6 Day 23 | Age Y. 72 M. D. | Native of | Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 0

~~Husband~~ Wife of ~~Jos~~ Joshua Nelson

Father's Name Mother's Name

Cause of Death { Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Aegis & Intelligence 6.30

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Rev. H. Albert Price, Bethel Church

Name in Full

Certificate of Death

Edw. F. O'Donovan

Died at Town Sweet Air County Baltimore MARYLAND

Date 1899 Month June Day 19 Age Y. 68 M. — D. — Native of Md Occupation Farmer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 2

Husband of Wife

Father's Name

Mother's Name 97

Cause of Death Primary Brights disease

Immediate " "

How long sick 3 years

~~Accident, Suicide, Homicide~~

Reported by Jno. S. Green M.D.

Address Gittery Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78888

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name In Full J. William Parlett — Certificate of Death

Died at Town: Glenarm — County: Balto. — MARYLAND

Date 1899 — Month: June — Day: 5th — Age: Y. M. D. — Native of: Md — Occupation: Farmer

Male / ~~Female~~ — White / ~~Colored~~ — Married / ~~Single~~ — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — Number of children living: 3

~~Wife~~ Husband of

Father's Name: Unknown — Mother's Name: Unknown

Cause of Death — Primary: Paralysis 44 — How long sick: 3 years

Immediate: " — Accident, Suicide, Homicide

Reported by: Jno. A. Green M.D.

Address: Gittings Md.

Must be signed by physician, if eny in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79[illegible]5

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

... OF BALTIMORE.

...nt No. A ... Office of Registrar of Vital Statistics. Ward .....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death June 21. 99

Full Name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Margaret Pearce

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 43 *Years,* ..... *Months* ..... *Days.*

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Domestic

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Mary land

Duration of Residence in the City of Baltimore, 10 months

Place of Death, {Give Street and Number.} Bay View Hospital

Cause of Death, First, (Primary) acute Rheumatism & acute pericarditis

Second, (Immediate) asthenia

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician

Place of Burial, Johns Hopkins Hos for Anatomical

Date of Burial, June 21-1899

J W Holland M. D.,
Medical Attendant.

Undertaker, E. M. Stevenson

Place of Business, Health Off

Address Bay View Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death. (OVER)

J. W. Bond Co., Printers and Stationers, Balto.

ANEURISM—Mode of Death.

CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Casue.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

NECROSIS—Seat. Cause [illegible] Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name In Full

Certificate of Death

Mrs Mary A Peace

Died at Town: Towson, County: Baltimore, MARYLAND

Date 1899 Month: June Day: 16

Age Y.: 97 M.: 3 D.: 22

Native of: Maryland

Occupation: Domestic

~~Male~~ Female

White ~~Colored~~

~~Married~~ ~~Single~~ Widow ~~Widower~~ ~~Divorced~~

Number of children living: Ten

~~Husband~~ Wife of Joseph Peace

Father's Name: Unknown to me

Mother's Name: Unknown to me

Cause of Death: Primary

How long sick: Several years

Immediate: old age

~~Accident, Suicide, Homicide~~

Reported by: D. H. C. Jarrett M.D.

Address: Towson

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79P5B

...es on back of this C...

...CITY OF BALTIMORE.

...nt No. A ... Office of Registrar of Vital Statistics. Ward ...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 27th 1899

Full name of Deceased, (Write legibly with ink and spell correctly. If an infant not named give names of parents.) Robert Phillips

Sex, Male ~~*or Female*~~, (Cross out the words not required in this line.) Male

Age, 40 *Years,* — *Months,* — *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widow*~~*er,* (Cross out the words not required in this line.) Single

Occupation, Chair Varnisher

Birthplace, (State or County, and how long in the United States, if of foreign birth.) Baltimore

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, (Give Street and Number.) Bay View Asylum (Insane Department)

(I)

Cause of Death, First (Primary) Acute Lobar Pneumonia

Second (Immediate) Asthenia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 29th 99

Undertaker, Ernest Spence

Place of Business, 1000 E Balto St

R. L. Garrett M. D.,
Medical Attendant.

Address Bay View Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

ANEURISM—Mode of Death.

CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full William Piccate

Certificate of Death

Died at Town Highlandtown County Baltimore MARYLAND

Date 1899 Month 6 Day 27 | Age Y. 2 M. 3 D. | Native of Vermont | Occupation —

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Hannes Ascitain Wm. Piccate

Mother's Name Marguerite Piccate

Cause of Death Primary Cholera Infantum

Immediate 82

How long sick 7 days

~~Accident, Suicide, Homicide~~

Reported by A. S. Warner M D.

Address 1120 Highland Avenue

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Wm. Poetzoed

Certificate of Death

Died at Town Gardenville County Baltimore MARYLAND

Date 1899 Month June Day 7 Age Y. 27 M. D. Native of America Occupation Baker

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of~~ children living

Husband of Wife

Father's Name Reinhard Poetzoed Mother's Name Catherine Poetzoed

Cause of Death Primary 226 How long sick

Immediate Phthisis Accident, Suicide, Homicide

Reported by Geo F Corse Md

Address Gardenville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79898

Name in Full — Certificate of Death

Rufus J. Pollock

Died at Town: Sparrows Point. County: Balto. — MARYLAND

Date 189 9 — Month: June Day: 10. — Age: Y. — M. — D. 4 — Native of: Md — Occupation: —

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single — Widow / ~~Widower~~ — Divorced / ~~Number of children living~~

Husband / Wife of —

Father's Name: Henry Pollock — Mother's Name: Susan McMunee.

Cause of Death — Primary: Meningitis — 39a — How long sick: 24 hrs

Immediate: Convulsions — Accident, Suicide, Homicide

Reported by: Frank C Eldred M.D.

Address: Sparrows Point Balto Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 78706

Name in Full Martha Ann Preston

Certificate of Death

Died at Town Lauraville County Balto MARYLAND

Date 1894 Month 6 Day 26 Age Y. 59 M. — D. Native of Maryland Occupation Housewife

~~Male~~ White ~~Married~~ Widow Divorced

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 6

~~Husband~~ Wife of William H Preston

Father's Name Mother's Name 42

Cause of Death Primary Apoplexy of Brain How long sick 5 Hours

Immediate Exanstion Accident, Suicide, Homicide

Reported by E Gallrealt Derling M.D.

Address Lauraville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister

LIBRARY BUREAU, 79706

Name In Full — Certificate of Death

Barbara Quick

Died at Town: Gardenville County: Baltimore Co MARYLAND

Date 189 — Month: June Day: 5 | Age Y.: 75 M.: — D.: 3 | Native of: Germany | Occupation: Housework

~~Male~~ Female | White | ~~Colored~~ | Married | ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living: 4

Husband of Wife: Geo P. Quick

Father's Name: — | Mother's Name: —

Cause of Death — Primary: Accident — How long sick: 16 months

Immediate: Cancer of Stomach — Accident, Suicide, Homicide

Reported by: Wm. D. Corse

Address: Gardenville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full Chas. Quinn

Certificate of Death

Died at Town Texas County Balto. MARYLAND

Date 1899 Month 6 Day 6 | Age Y. 90 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Md. Journal 6-10

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79908

HEAL[illegible] [illegible]TIMORE.

[illegible]mit No. A 5109 Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death June 4. 99.

Full Name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Elvira Ranson

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 37 *Years,* *Months* *Days.*

Color, colored

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Laundress

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give Street and Number.} Bay View Hospital

Cause of Death, First, (Primary) Puerperal Sepsis ✓
Second, (Immediate) Acute Brightsdisease

Duration of Last Sickness, 3 months + 2 weeks

All the above information should be furnished by the Physician

Place of Burial Sharp St Cemetery

Date of Burial, June 6 1899 J. W. Holland M. D.,
Medical Attendant.

Undertaker, Alex Hensley
Place of Business, 578 W Biddle Address Bay View Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the [illegible] of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, [illegible]ish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a [illegible]e setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or [illegible] the person deceased, and the cause and date of death. (OVER)

J. W. Bond Co., Printers and Stationers, Balto.

URISM—Mode of Death.

ER SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Casue.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

...iety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Child born at full term two weeks before entrance to this Hospital Entered suffering from acute puerperal sepsis.

Name in Full

Oscar Anderson Rayner

Certificate of Death

Died at Town: Sparrow's Point, County: Baltimore County MARYLAND

Date 1899 Month 6 Day 6 | Age Y. 24 M. 3 D. 9 | Native of Baltimore | Occupation Laborer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | Divorced ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary 148

Immediate Accidental Drowning

How long sick

Accident, ~~Suicide, Homicide~~

Reported by Sumner M. Drayer, Justice of Peace

Address Sparrows Point, Balto. Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65988

...e Remarks below, and to List of Diseases ...

...RTMENT, CITY OF BALTIMORE.

Permit No. A 5766 Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death June 19 99

Full Name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Mary Roberts

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 73 *Years,* *Months* *Days.*

Color, White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Domestic

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 67 years

Place of Death, {Give Street and Number.} Bay View Hospital

Cause of Death, First, (Primary) Chronic Interstitial Nephritis
Second, (Immediate) Pulmonary Oedema

Duration of Last Sickness, Indefinite

All the above information should be furnished by the Physician

Place of Burial Louden Park

Date of Burial, June 20/99

Undertaker Cunningham Dungee

Place of Business, 715 Fight

J. W. Holland M. D.,
Medical Attendant.

Address Bay View Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death. (OVER)

J. W. Bond Co., Printers and Stationers, Balto.

URISM—Mode of Death.

ER SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Casue.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full | Certificate of Death

Dr Alexander Hanson Robertson

Died at Town: Sherwood | County: Balto. | MARYLAND

Date 189 9 | Month 6 | Day 21 | Age Y. 86 M. D. | Native of Md | Occupation Physician.

Male | White | Married | ~~Widow~~ | ~~Divorced~~

~~Female~~ | ~~Colored~~ | ~~Single~~ | Widower | Number of children living 3

Husband / Wife of ——

Father's Name: Janson Robertson | Mother's Name: Hatherine Hanson

Cause of Death: Primary: Chronic Nephritis 97 | How long sick: Several years

Immediate: Heart failure | Accident, Suicide, Homicide

Reported by: H. Burton Stevenson Md

Address: Rider Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name In Full

Certificate of Death

Elizabeth Ann Keys Ross

Died at Town: Towson County: Baltimore MARYLAND

Date 189 9 Month: June Day: 28 | Age Y. 49 M. 0 D. 8 | Native of Md. | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower ~~Divorced~~ | Number of children living 1

~~Husband~~ Wife of A. J. Ross

Father's Name Garrett Stills | Mother's Name Sarah Stills

Cause of Death — Primary: Typhoid Fever, 1, How long sick four weeks

Immediate: Uremic poisoning

Accident, Suicide, Homicide

Reported by John Burns & Son

Address 612 E. Lex. St. Towson

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78888

Attended by Dr. D. H. Jarrett

of Towson

Seen by Coroner

Information contained in this certificate received from

of

Name In Full

Certificate of Death

Mrs A. J. Rowe

Town County

Died at Towson Baltimore MARYLAND

Date 1899 Month July Day 28 Age Y. M. D. Native of Maryland Occupation House Keeper

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living One

~~Husband~~ of Wife A. J. Rowe

Father's Name Mother's Name

Cause of Death Primary Typhoid fever + relapse How long sick Six weeks

Immediate Nervous Exhaustion affecting heart ~~Accident, Suicide, Homicide~~

Reported by D. H. Garrett M. D.

Address Towson Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full Chas. Herbert Sadtler

Certificate of Death

Died at Town Buena Vista County Balto. MARYLAND

Date 1899 Month 6 Day 8

Age Y. M. D.

Native of

Occupation

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name

Mother's Name 97

Cause of Death Primary Chronic Bright's disease

Immediate

How long sick

Accident, Suicide, Homicide

Reported by S. J. B. Amberson

Address Buena Vista Balto.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full no 5160 Certificate of Death

Edna. Louisa Schweinsberg

Died at Town Catonsville County Balto MARYLAND

Date 189 9 Month June Day 18 | Age Y. — M. — D. 24 | Native of Md | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Wm E Schweinsberg Mother's Name Mary Jane Schweinsberg

Cause of Death: Primary Pertussis 7 | How long sick 1 week

Immediate Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by Dr. C L. Mattfeldt

Address Catonsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Christ Seifert — Certificate of Death

Died at Town Gardenville County Baltimore Co MARYLAND

Date 1899 Month June Day 21 | Age Y. 75 M. 1 D. 16 | ~~Native of~~ Germany | ~~Occupation~~ Farmer

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ ~~Widowed~~ ~~Widower~~ | ~~Native~~ ~~Foreign~~ | Number of children living 5

Husband of Wife Mary Seifert

Father's Name Not Known | Mother's Name Not Known

Cause of Death — Primary Influenza — How long sick 6 months

Immediate Valvular disease of heart — Accident, Suicide, Homicide

Reported by Wm D Cose

Address Gardenville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79886

Name In Full

Certificate of Death

Mrs. Emily E Sevary

Died at Town: Catonsville County: Baltimore MARYLAND

Date 189 9 Month: 6-8 Day | Age: Y. M. D. | Native of | Occupation

Male ~~Male~~ | White | Married | Widow | Divorced

Female | ~~Colored~~ | ~~Single~~ | Widower | Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death { Primary: 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Mrs. Catonsville

Address 6-17

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78888

I ... ARTMENT, CITY OF BALTIMORE.

...t No. A 5143 **Office of Registrar of Vital Statistics.** Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1899

Full name of Deceased, (Write legibly with ink and spell correctly. If an infant not named give names of parents.) Mrs Nellie Shane

Sex, ~~*Male*~~ *or Female,* (Cross out the words not required in this line.)

Age, 37 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ (Cross out the words not required in this line.)

Occupation, house work

Birthplace, (State or County, and how long in the United States, if of foreign birth.) Philadelphia Pa

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, (Give Street and Number.) St. Agnes Hospital

Cause of Death, First (Primary) Pulmonary Tuberculosis

Second (Immediate) Asthenia

Duration of Last Sickness, in hospital from June 26th

All the above information should be furnished by the Physician.

Place of Burial, Catherdral Cemty

Date of Burial, June 30 1899

Henry C. Ohle M. D.,
Medical Attendant.
Visiting Physician to St. Agnes Hospital

Undertaker, Edward A Byrne

Place of Business, 228 N High St

Address 1203 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

NEURISM—Mode of Death.

CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and [illegible]

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full | Certificate of Death

Lawerence A Slade -

Died at Town Mt Winans County Balt. — MARYLAND

Date 1899 Month June Day 30 | Age ~~Y~~ M. 3 D. + 1 | Native of Washington D.C. | Occupation Infant

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of ——————

Father's Name James D. Slade | Mother's Name Annie E. Slade

Cause of Death: Primary Cholera Infantum | How long sick 1 week

Immediate Natural Causes 82 | ~~Accident, Suicide, Homicide~~

Reported by Frank H. Rusk M.D.

Address Lansdowne Balt. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

l Attention of Physicians is ... of th

HEALTH DEPART... ...TIMORE.

ermit No. A 5116 **Office of Regis... ...Vital Statistics.** Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1899

Full name of Deceased, (Write legibly with ink and spell correctly. If an infant not named give names of parents.) Alfred Smith

Sex, ~~*Male or Female,*~~ (Cross out the words not required in this line.)

Age, 53 *Years,* — *Months,* — *Days.*

Color, Black

Married, ~~*Single, Widow or Widower,*~~ (Cross out the words not required in this line.)

Occupation, Laborer

Birthplace, (State or County, and how long in the United States, if of foreign birth.) Baltimore

Duration of Residence in the City of Baltimore, 53 Years

Place of Death, (Give Street and Number.) Bay View Asylum (Insane Department)

Cause of Death, First (Primary) Cerebral Hemorrhage
Second (Immediate) Coma

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial John Hopkins Hos for Anatomical Purposes

Date of Burial, June 4-1899

R. L. Garrett M. D.,
Medical Attendant.

Undertaker, E. M. Stevenson.

Place of Business, Health Office

Address Bay View Asylum.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

...NEURISM—Mode of De...

CER. SPINAL MENINGITIS—Variety, ... Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

...ITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name In Full Ellen Smith — Certificate of Death

Died at Long Green (Town) Baltimore (County) — MARYLAND

Date 189 9 — Month June — Dey 6th — Age Y. 35 M. 7 D. 28 — Native of Md. — Occupation Housewife

~~Male~~ Femele — ~~White~~ Colored — Married ~~Single~~ — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ — Number of children living 2

~~Husband~~ Wife of Cornelius Smith

Father's Name John Young — Mother's Name Hannah Young

Cause of Death — Primary Consumption 22d — How long sick 2 years

Immediate " — ~~Accident, Suicide, Homicide~~

Reported by Jno. A. Green M.D.

Address Gettings Md.

Must be signed by physician, if eny in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79815

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate re-
ceived from _____

of _____

Name in Full Grace Smith

Certificate of Death

Died at Town Catonsville County Balto MARYLAND

Date 1899 Month June Day 2 | Age Y. 26 M. D. | Native of Md | Occupation None

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living X

Husband of X
Wife

Father's Name X

Mother's Name X

Cause of Death: Primary Dementia. 46 | How long sick 4 Mos.

Immediate Exhaustion

Accident, Suicide, Homicide

Reported by Grace Wade

Address Md Hospital Catonsville

Must be signed by physician, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Joseph Nelson Smith

Died at Town: Catonsville County: Balto- MARYLAND

Date 1899 Month: June Day: 27 | Age Y. 6 M. 2 D. 1 | Native of Md. | Occupation Minor

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living ~~2~~ 2

Husband of Wife

Father's Name Joseph Smith | Mother's Name Sarah Smith

Cause of Death: Primary Colera Infantum | How long sick 2 weeks

Immediate Spasms | Accident, Suicide, Homicide

Reported by H. R Gorry M.D.

Address Catonsville Balto Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Health Department

Permit No. A 5259 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this *filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12 1899

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Robt W Smith

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 19 Years, 2 Months, 2 Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or County, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Fairview Md Co Md

Cause of Death, First (Primary), Accidently

Second (Immediate), Drowned

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, July 13/99

Undertaker, Geo. Schilling

Place of Business, Ashland Square

Medical Attendant. M.D.,

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

...ITIS—Variety, whether simply Inflammatory.

...—Circumstances producing Death.

...—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENT...RITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

...RITIS—Va... ...nd Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full

Certificate of Death

William John

Town

County

Died at Highlandtown Balto MARYLAND

Date 189	Month	Day	Age	Y.	M.	D.	Native of	Occupation
	9	6 20		6	14		Md	

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single Widow Widower ~~Divorced~~ Number of children living

Husband of

Wife

Father's Name William Dohn

Mother's Name Mary Dohn

Cause of Death — Primary: Marasmus 82 — How long sick: 6 mo

Immediate: Cholera Infantum

Accident, Suicide, Homicide

Reported by J C Schofield MD

Address 1114 Pk Ave Highlandtown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full

Certificate of Death

Franklin John

Town County

Died at Highlandtown Balto MARYLAND

Date 189 9 Month 6 Day 20 | Age Y. 6, M. 14 D. | Native of Md | Occupation —

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name Abraham John

Mother's Name Mary John

Cause of Death: Primary Marasmus 82

Immediate Cholera Infantum

How long sick 6 mo

~~Accident, Suicide, Homicide~~

Reported by J. C. Schofield MD

Address 1114 1st Highland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79898

Name In Full

Certificate of Death

Earnest. C Sparrow

Died at Town Spanish Point. County Balto MARYLAND

Date 189 9 Month June Day 24 | Age Y. 5 M. 7 D. 14 | Native of Md | Occupation —

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living

~~Husband~~ of ~~Wife~~

Father's Name Earnest C. Sparrow

Mother's Name Rebecca Logan

Cause of Death: Primary Diphtheria 8a

Immediate Diphtheria

How long sick 6 days.

~~Accident, Suicide, Homicide~~

Reported by Frank C Eldred M.D.

Address Spanish Point. Md

Must be signed by physicien, if any in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

HEALTH

Permit No. A 5148

Office of Registrar of Vital ... Ward ....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death June 13 99

Full Name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} John G. Starkey

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 70 *Years,* *Months* *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Salesman

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 47 years ✓

Place of Death, {Give Street and Number.} Bay View Hospital

(I)

Cause of Death, First, (Primary) Chronic Interstitial Nephritis

Second, (Immediate) Cachexia

Duration of Last Sickness, Indefinite

All the above information should be furnished by the Physician

Place of Burial, Greenmount Cem

Date of Burial, June 15/99 J. W. Holland M. D.,

Medical Attendant.

Undertaker, J Henry Sons

Place of Business, 200 E Orleans *Address* Bay View Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death. (OVER)

J. W. Bond Co., Printers and Stationers, Balto.

...URISM—M... ...Cause.

CER SPINAL MENINGITIS—..., whether Epi... demic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Casue.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

...houses on back...

HEALTH DEPARTMENT, CITY OF BALTIMORE.

Permit No. A 5146 **Office of Registrar of Vital Statistics.** Ward.....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately *filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 6th 1899

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Elizabeth Toping

Sex, ~~Male~~ or *Female,* {Cross out the words not required in this line.}

Age, 42 *Years,* — *Months,* — *Days.*

Color, Black

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Laundress

Birthplace, {State or County, and how long in the United States, if of foreign birth.} District of Columbia

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give Street and Number.} Bay View Asylum (Insane department)

Cause of Death, (1) First (Primary) Pulmonary Tuberculosis

Second (Immediate) Exhaustion

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Johns Hopkins Hos for Anatomical Purposes

Date of Burial, June 7-1899

R. E. Garrett *M. D.,*

Medical Attendant.

Undertaker, ~~J. M. Stevenson~~

Place of Business, Health Office

Address Bay View Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

URISM—Mode of Death.

R. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

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TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full — Certificata of Death

Elizabeth A Sterling

Died at Town: Mt Wilson — County: Baltimore — MARYLAND

Date 1899 Month: 6 Day: 5	Age Y. M. D.: 59	Nativa of: Md	Occupation: Housewife
~~Male~~ Famale	White ~~Colored~~	~~Married~~ Single ~~Widow~~	Numbar of children living: 5

~~Husband~~ Wife of Wm. Sterling

Father's Name — Mother's Name

Causa of Death — Primary: Pleuropneumonia Carbuncle — How long sick: two months

Immediate — 71 — Accident, Suicide, Homicide

Reported by St Louis Naylor

Address [redacted] Pikesville Md

Must ba signed by physician, if any in attandance, otherwise by coroner, undartaker or ministar.

LIBRARY BUREAU, 79705

Name In Full Joseph S. Taylor

Certificate of Death

Died at 30 Old York Road Town Baltimore County MARYLAND

Date 189 9 Month 6 Day 19 Age Y. 68 M. D.

Native of

Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced

Number of children living 4

Husband of
Wife

Father's Name Isaac Taylor

Mother's Name

Cause of Death: Primary 161

How long sick

Immediate

Accident, Suicide, Homicide

Reported by Md Journal 6-24

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Jim Lucretia Thomas

Certificate of Death

Died at Town Glyndon County Baltimore MARYLAND

Date 1899 Month June Day 9 Age Y. 70 M. D. Native of Md. Occupation Housewife

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 1

~~Husband~~ ~~of~~ Wife Charles Thomas

Father's Name

Mother's Name

Cause of Death Primary Sudden 161 How long sick

Immediate Perhaps Opoplexy Accident, Suicide, Homicide

Reported by James Gore M.D.

Address Reisterstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

...respectfully ...ired to fi... ...ow, due to List of Diseases on back of this

...EALTH DEPARTMENT, CITY OF BALTIMORE.

...mit No. A 5797 Office of Registrar of Vital Statistics. Ward .....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death June 26 99

Full Name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Chas. G. Vetter

Sex, Male or ~~Female,~~ {Cross out the words not required in this line.}

Age, 6-7 *Years,* *Months* *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Upholsterer

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give Street and Number.} Bay View Hospital

Cause of Death, First, (Primary) Chronic Interstitial Nephritis

Second, (Immediate) Acute Pleurisy

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician

Place of Burial Johns Hopkins Hos for Anatomical purposes

Date of Burial, June 28-1899

W. Holland M. D.,
Medical Attendant.

Undertaker, E. M. Stevenson.

Place of Business, Health Office

Address Bay View Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall b... duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ... to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the b... certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether mar... single) of the person deceased, and the cause and date of death. (ov...

J. W. Bond Co., Printers and Stationers, Balto.

EURISM—Mode of Death.

CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

S—Mode of Death.

NTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Casue.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Office of Registrar of Vital Statistics

The Physician who attended any person in a last illness is responsible for the presentation of t
accurately filled out to the undertaker or other person superintending the burial, within *twenty-four hours* aft
said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death June 7. 99

Full Name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} George Washington

Sex, Male ~~or Female,~~ {Cross out the words not required in this line.}

Age, 40 *Years,* *Months* *Days.*

Color, Colored

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} Bay View Hospital

Cause of Death, First, (Primary) Chronic Nephritis

Second, (Immediate) Cardiac Exhaustion

Duration of Last Sickness, Indefinite

All the above information should be furnished by the Physician

Place of Burial, Johns Hopkins Hos for Anatomical purposes

Date of Burial, June 7-1899

J. M. Holland M. D.,
Medical Attendant.

Undertaker, Stevenson

Place of Business, Heathcoff

Address Bay View Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death. (OVER)

J. W. Bond Co., Printers and Stationers, Balto.

...ety, whether Epi-
...r simply Inflammatory.
...H—Circumstances producing Death.
...ariety and Seat.
...US—Mode of Death.
DENTITION—Mode of Death.
DISEASE OF HEART—Variety. Valves involved.
DROPSY—Variety and Casue.
ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.
ERYSIPELAS—Seat and cause.
FRACTURES—Cause and Mode of Death.
GANGRENE—Seat and Cause.
GASTRITIS—Cause.
HERNIA—Variety and Mode of Death.
INSANITY—Variety and Mode of Death.
JAUNDICE—Cause and Mode of Death.
MANIA, ACUTE—Cause and Mode of Death.
MISCARRIAGE—Cause and Mode of Death.
MALIGNANT PUSTULE—Location and Cause.
MALFORMATION—Variety.
NECROSIS—Seat. Cause and Mode.
OVARIAN TUMOR—Mode of Death.
PARALYSIS—Variety and Cause.
PERITONITIS—Cause.
PHLEBITIS—Cause.
PYAEMIA—Cause. Nature of Injury, if any.
PREMATURE BIRTH—Cause. Fœtal age.
PRETERNATURAL BIRTH—Manner of.
SYPHILIS—Variety. Chief Location and Mode of Death.
TETANUS—Nature of Injury, if any.
ULCER—Nature. Chief Location and Mode of Death.
WOUNDS—Cause, Variety, Seat and Mode of Death.
ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name In Full — Certificate of Death

Conrad Wennister

Died at Sutherville (Town) Balto (County) MARYLAND

Date 189 9 — Month June 10 — Day — Age Y. 68 M. 9 D. 28 — Native of Germany — Occupation Gardner

Male — ~~Female~~ — White — ~~Colored~~ — Married — ~~Single~~ — Widow — ~~Widower~~ — ~~Divorced~~ — Number of children living 4

Husband of ~~Wife~~ Katherine Wennister

Father's Name Lewis Wennister — Mother's Name Barbary Wennister

Cause of Death — Primary: Fatty degeneration of heart &c — How long sick Six Months

Immediate: Hemorrhage — Accident, ~~Suicide~~, ~~Homicide~~

Reported by John A Burns & Son

Address Towson Balto Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 7999B

Attended by Dr. T Chalmers Peebles

of Louisville

Seen by Coroner

of

Information contained in this certificate received from

of

Name in Full: Conrad Weismeister

Certificate of Death

Died at Town: Luthervilla County: Baltimore MARYLAND

Date 1899 Month: June Day: 10th Age Y. M. D.: 68 - 9 - Native of: Germany Occupation: Gardener

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 4

Husband ~~Wife~~ of Catherine Anderson

Father's Name: Lewis Weimeister Mother's Name: Barbara

Cause of Death: Primary: Fatty heart &c 57 How long sick: Six months

Immediate: Hemorrhage &c ~~Accident, Suicide, Homicide~~

Reported by: T. Chalmers Peebles M.D.

Address: Luthervilla Md

Must be signed by physicien, if any in attendence, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full — Certificate of Death

Dora Williams

Died at Town: Knoebel — County: Baltimore — MARYLAND

Date 1897 — Month: June — Day: 28 — Age: Y. 30 M. — D. — Native of: S. Carolina — Occupation: none

~~Male~~ Female — ~~White~~ Colored — Married ~~Single~~ ~~Widowed~~ ~~Divorced~~

Number of children living: 4

~~Husband~~ Wife of: Samuel Jonson

Father's Name: unknown — Mother's Name: ~~unknown~~ unknown

Cause of Death — Primary: Heart disease — How long sick: 2 years

Immediate: Cardiac dilitation

~~Accident, Suicide, Homicide~~

Reported by: Thos. H. Emory M.D.

Address: Taylor Harford Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 78706

List of Diseases c...

HEALTH DEPARTMENT, CITY OF BALTIMORE.

Permit No. A 5107 Office of Registrar of Vital Statistics. Ward .....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death June 6-99

Full Name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} John Williams

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 5-6 *Years,* ..... *Months* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Mass.

Duration of Residence in the City of Baltimore, 2 5- years

Place of Death, {Give Street and Number.} Bay View Hospital

Cause of Death, First, (Primary) Virgin Endocarditis chronic nephritis

Second, (Immediate) asthenia. Cardiac

Duration of Last Sickness, Indefinite

All the above information should be furnished by the Physician

...of Burial, ~~Hartman County~~ St Vincents Cemetery

...of Burial, June 6 1899

...ndertaker, W Doyle

Place of Business, 17 E Lee St

J W Holland M. D.,
Medical Attendant.

Address Bay View Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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J. W. Bond Co., Printers and Stationers, Balto.

...ditiona.

...URISM—Mode of Death.

...ER SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDB...RTH—Circumstances producing Death.

...Variety and Seat.

...S—Mode of Death.

...ON—Mode of Death.

... OF HEART—Variety. Valves involved.

DROPSY—Variety and Casue.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

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WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

ial Attention of Physicians to

HEALTH DEPARTMENT, CITY [illegible]

ermit No. A 5099 Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certifica *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death June 2 99

Full Name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Annie Wilson

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 17 *Years,* *Months* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, House Keeper

Birthplace, {State or County, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 2 6 years

Place of Death, {Give Street and Number.} Bay View Hospital

Cause of Death, First, (Primary) Chronic Nephritis. Senile Gangrene

Second, (Immediate) Asthenia

Duration of Last Sickness, Indefinite

All the above information should be furnished by the Physician

Place of Burial, Baltimore City

Date of Burial June 3 1899

J. W. Holland M. D.,
Medical Attendant.

Undertaker, James M Byrne

Place of Business, 226 N Front *Address* Bay View Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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J. W. Bond Co., Printers and Stationers, Balto.

...M—M...

SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Casue.

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FRACTURES—Cause and Mode of Death.

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HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

DEPARTMENT, CITY OF BALTIMORE.

Permit No. A 5164 Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death June 14. 99

Full Name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Ella Wilson

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 36 *Years,* *Months* *Days.*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Domestic

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, {Give Street and Number.} Bay View Hospital

Cause of Death, (I) First, (Primary) Meningitis / Hemiplegia

Second, (Immediate) Asthenia

Duration of Last Sickness, Indefinite

All the above information should be furnished by the Physician

Place of Burial Johns Hopkins Hos for Anatomical Purposes

Date of Burial June 16 1899

J. T. Holland M. D.,
Medical Attendant.

Undertaker, E. M. Stevenson

Place of Business, Health off

Address Bay View Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death. (OVER)

J. W. Bond Co., Printers and Stationers, Balto.

...RISM—Mode of Death.

...ER SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Casue.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

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C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name In Full — Wohl

Certificate of Death

Died at Town Relay County Balto. MARYLAND

Date 1899 Month 6 Day 18 | Age Y. M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married Single | Widow Widower | Divorced Number of children living

Husband of Wife

Father's Name Wm. G. Wohl | Mother's Name Carrie Wohl

Cause of Death: Primary Still-birth | How long sick

Immediate | Accident, Sulcide, Homicide

Reported by Stanton Williams

Address Elkridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full Walter Wordsell

Certificate of Death

~~Died at~~ Town Drowned at Jones' Falls County Balto MARYLAND

Date 189 9 Month 6 Day 26 Age Y. 12 M. D. Native of Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Preston Wordsell Mother's Name 14 E

Cause of Death Primary Drowned How long sick

Immediate Accident, ~~Suicide, Homicide~~

Reported by Balto Co. Dem.

Address 7-1st

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]